Image# 12951583301 PAGE 1 / 1

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL     BATES FOR CONGRESS COMMITTEE  ADDRESS (number and street) 3464 Boston Twp. Line Road |                          |                                        | 7                                          |                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|--|
|                                                                                                                    |                          |                                        | -                                          |                                                                       |  |
| 5.5                                                                                                                |                          |                                        |                                            |                                                                       |  |
| CITY, STATE, and ZIP CODE                                                                                          |                          |                                        |                                            |                                                                       |  |
| Richmond                                                                                                           | IN 473                   | 74                                     |                                            |                                                                       |  |
| 2. NAME OF CANDIDATE                                                                                               | 3. OFFICE SOUGHT (S      | 3. OFFICE SOUGHT (State and District)  |                                            | NUMBER                                                                |  |
| Don Bates Jr.                                                                                                      | House IN 06              |                                        | C00467613                                  |                                                                       |  |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING                                                                   | YES, IT AMENDS THE       | NOTICE FILED ON                        | //                                         |                                                                       |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                         | Name of Employer         |                                        | Date (month,                               | Amount                                                                |  |
| Brenda Neuenschwander                                                                                              | reitred                  |                                        | day, year)                                 |                                                                       |  |
|                                                                                                                    |                          |                                        | 04/27/2012                                 | 1000.00                                                               |  |
| 1026 Oak Branch Court                                                                                              |                          |                                        |                                            |                                                                       |  |
|                                                                                                                    | Transaction ID: F6.5192  |                                        |                                            |                                                                       |  |
| Ft. Wayne IN 46845                                                                                                 | Occupation               |                                        |                                            |                                                                       |  |
|                                                                                                                    | retired                  |                                        |                                            |                                                                       |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                         | Name of Employer         |                                        | Date (month, day, year)                    | Amount                                                                |  |
| Gerald R. Rothenbuch                                                                                               | Public Safety Consultant |                                        | , , , , , ,                                |                                                                       |  |
| coo Ossus Pard                                                                                                     |                          |                                        | 04/27/2012                                 | 1000.00                                                               |  |
| 638 Canyon Road                                                                                                    | Towns of the ID F        | Transaction ID : F6.5193               |                                            |                                                                       |  |
|                                                                                                                    | Occupation Occupation    |                                        | _                                          |                                                                       |  |
| Indianapolis IN 46217                                                                                              | self employed            |                                        |                                            |                                                                       |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                         | Name of Employer         |                                        | Date (month,                               | Amount                                                                |  |
| Patricia A. Schneider                                                                                              | homemaker                |                                        | day, year)                                 |                                                                       |  |
| i atticia A. Octificiaci                                                                                           | nomakoi                  |                                        | 04/27/2012                                 | 1000.00                                                               |  |
| 7448 Glenview E. Drive                                                                                             |                          |                                        | 04/21/2012                                 | 1000.00                                                               |  |
|                                                                                                                    | Transaction ID : F6      | Transaction ID : F6.5195               |                                            |                                                                       |  |
|                                                                                                                    | Occupation               | Occupation                             |                                            |                                                                       |  |
| Indianapolis IN 46250                                                                                              | homemaker                | homemaker                              |                                            |                                                                       |  |
| JLL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer                                                           |                          |                                        | Date (month, day, year)                    | Amount                                                                |  |
|                                                                                                                    |                          |                                        |                                            |                                                                       |  |
|                                                                                                                    |                          |                                        |                                            |                                                                       |  |
|                                                                                                                    |                          |                                        |                                            |                                                                       |  |
|                                                                                                                    |                          |                                        |                                            |                                                                       |  |
|                                                                                                                    | Occupation               |                                        |                                            |                                                                       |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                         | Name of Employer         | Name of Employer                       |                                            | Amount                                                                |  |
| E. FOLL NAME, MAILING ADDRESS AND ZIP CODE                                                                         | Name of Employer         | Name or Employer                       |                                            |                                                                       |  |
|                                                                                                                    |                          |                                        |                                            |                                                                       |  |
|                                                                                                                    |                          |                                        |                                            |                                                                       |  |
|                                                                                                                    |                          |                                        |                                            |                                                                       |  |
|                                                                                                                    | Occupation               | Occupation                             |                                            |                                                                       |  |
|                                                                                                                    |                          |                                        |                                            |                                                                       |  |
| SIGNATURE (optional)  Mark W. Harris                                                                               | <del></del>              | DATE<br>04/27/2012                     |                                            | formation contact:                                                    |  |
| MUIN W. HUITIS                                                                                                     | [Electronically Filed]   | 04/27/2012<br>  [Electronically Filed] |                                            | Federal Election Commission<br>999 E Street, NW, Washington, DC 20463 |  |
|                                                                                                                    | [Economically I may      |                                        | Toll Free 800-424-9530, Local 202-694-1100 |                                                                       |  |

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